

2015 MAY 21 PM 1: 02

I believe that number 6:
is correct. We are
subordinant to the
Michigan Democratic
Party, but we are
financially independent.

1503:142-4974

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

2015 MAY 21 AM 11: 39

NAME OF COMMITTEE (in full)		Check if name s changed)		nple:If typing, type the lines.	12FE4M5	
$[E_l l_l e_l v_l e_l n_l t_l h_l] C_l c_l$	o _i n _i g _i r	_l e _l s _l s _l i _l o	ınıaılı	_{]D[i[s t r i c}	t _{i [} O _i f _i M _i	i _l c _l h _l i _l g _l a _l n _l
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ADDRESS (number and street)	5 0 2	West	Maji	. n S t r e e	t, , , , ,	
(Check if address is changed)						
		t _i t _i h _i v _i i _i l TY▲	l e		M I 4 STATE ▲	8 ₁ 1 ₁ 6 ₁ 7 - 1 ₁ 5 ₁ 2 ₁ 9 ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRES	SS					·
(Check if address is changed)	[C _i h _i u	$c_{k-1}K_{1}e$,y,s,@,l	$a_i o_i t_i m_i a_i i_i l_i$.	_c_o_m_	
		Second E-Mail		$0_1e_1m_1s_1@_1g_1m_1a_1$	$i_1 l_1 . c_1 o_1 m$	
COMMITTEE'S WEB PAGE ADDRESS (URL)						
(Check if address is changed)	w _I w _I w	1.111t ₁ h	Dist	$c_i r_i i_i c_i t_i D_i e_i m$	s, , c, o, m,	
	L	<u> </u>				
2. DATE 04 28 2015						
3. FEC IDENTIFICATION NU	IMBER)	C	0 0 5	4 4 8 3 3		
4. IS THIS STATEMENT	NEW	(N) OR	Į.	AMENDED (A)		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.						
Type or Print Name of Treasurer Elizabeth McGregor						
Signature of Treasurer	zulli	l Wife	hye,		Date 0 5	07 2015
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use Only				For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	ontact:	FEC FORM 1 (Revised 06/2012)

F	EC For	m 1 (Revised 02/2009)	Page 2			
TYPE OF COMMITTEE						
Candidate Committee:						
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name Cand						
Cand Party	idate Affiliatio	Office Sought: House Senate President	State District			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand						
Part	y Con	nmittee:				
(d)	V		Democratic, epublican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:			
		Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
loin	t Fund	draising Representative:				
	r—s					
(g)	U	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political			
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.					
	4.	FEC ID number C				

Title or Position

 $T_1r_1e_1a_1s_1u_1r_1e_1r_1$

FEC Form	1 (Revised (02/2009)				Р	age 3
Write or Type Con	nmittee Name	 		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	. ·
Eleventh C	ongress!	sional Dis	trict of M	ichigan De	mocratic	Partv	
			liated Committee,				C Sponsor
Michig	a n D e	mocra	t i c S t a	t e C e n	t r a	Committ	e e
Mailing Address	s	[6 0 6 T	o w n s e n d	S t .			
		L a n s i ı	n g		M,I	[4, 8, 9, 3, 3]	-
			CITY		STATE	ZIP C	ODE
Relationship:	Connected	d Organization	Affiliated Committe	e	ising Representa	tive leadershi	n PAC Snonsor
riolationomp.	Connected	a Cigainzanon 💆	J. Millianos Committee	o point i dilaidi	ising representa	Lave Lacadoron	p 1 710 oponooi
7. Custodian of I	Records: Idea	ntify by name, add	dress (phone numbe	or ontional) and r	nosition of the ne	erenn in nossessio	n of committee
books and reco		niny by namo, add	rose (priorio riamoc	· · · · · · · · · · · · · · · · · · ·	,	organ in passessio	in or committee
	mres	acurer	•	•			
Full Name	11166	a _i s _i u _i r _i e _i r _i			<u> </u>		
Mailing Address	s				 		
				1-1-1-1-1-1	1-1-1-1-1		
					لنال		-
Title or Position	n		CITY		STATE	ZIP C	ODE
ı			1		ı	1 1	
	1_1_1_1			Telephone	number [J []
			number optional	of the treasurer o	f the committee;	; and the name an	d address of
any designated	agent (e.g.,	assistant treasurer	r).				
Full Name of Treasurer	$E_1l_1i_1$	z _ı a _ı b _ı e _ı t _ı h _ı	McGreg	ıor,	1		
Mailing Address	s	2,6,2,9, (C _{lal} t _l e _l r _l h _l a	m, Driiv	ıe, , , ,	<u> </u>	
				 	 	<u> </u>	
		[W _i a _i t _i e _i r _i	$f_i o_i r_i d_i$,		[[M, I]	4 ₈ 3,2,9	- 2 ₁ 6 ₁ 1 ₁ 1
			CITY		STATE	ZIP C	

[2,4,8]-[3,8,3]-[5,4,9,6]

ı	FEC Form	1 (Revised 02/2009)				Page 4
•				- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- · · · ·
	Full Name of Designated Agent	C _i h _i a _i r _i l _i e _i s _{i i} K _i e _i y	S	1 1 1 1 1		
	Mailing Address	[5 ₁ 0 ₁ 2 ₁ W ₁ e ₁ s	t _{i M} alin St	r _ı r _ı e _ı e _ı t _ı		
			·		<u> </u>	
	Title or Position	$[N_1O_1r_1t_1h_1v_1i]$	l, l, e, , , , , , , , , , , , , , , , ,	M _L I STATE	• ———	7-[1,5,2,9 CODE
	[C _i h _i a _i i _i r _i	<u> </u>	Tele	phone number	2,4,8]-[2,3,	1 - [5, 2, 0, 5]
€.	Banks or Other safety deposit bo Name of Bank, I	Depositories: List all banks or ot xes or maintains funds.	her depositories in which t	he committee depo	sits funds, holds acc	counts, rents
	Name of Dank, E	repository, etc.				
		$[C_i o_i m_i e_i r_i i_i c_i a_i]_B_i a$	nk		 <u>1 </u>	
	Mailing Address	[3, 9, 4, 7, 5, , W	e,s,t, T,e,n, I	$A_i i_l l_l e_i R_l c$	$a_1 a_1 d_1 + \cdots + a_n d_n$	
		$[N_l o_l v_l i_l]_{l=1}$		MI	4,8,3,7,	5]
			CITY	STATE	ZIP	CODE
	Name of Bank, (Depository, etc.				
		<u> </u>	<u> </u>	1 1 1 1 1		
	Mailing Address					
			CITY	STATE	ZIP	CODÉ
-		· · · · · · · · · · · · · · · · · · ·				



washington, D.C. 204103 Federal Elletion Commission 999 E Street N.W.

TO SEEN NOTE OF

Federal Election Co ENVELOPE REPLACEMENT PAGE FO The FEC added this page to the end of this fil	OR INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C) 5/16/15
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt on Office
Received from Senate Public Records Office	Date of Receipt e
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PREPARER	5/21/15
	DATE PREPARED

PREPARER (3/2015)